





Gender inequality inhibits women and girls from effectively understanding, accessing and utilizing reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services. This includes the use of family planning methods to control if, when and how often to become pregnant; the ability to deliver safely in a facility or with a skilled birth attendant; and access to the respectful care needed to ensure women and their children are healthy.

In many countries where USAID's flagship Maternal and Child Survival Program (MCSP) operates, men make the health care decisions for their families. If they are not educated and actively engaged in RMNCH, this can lead to harmful health outcomes for the entire family.

For instance, girls ages 10-14 are five times more likely — and twice as likely if they're ages 15-19 — to die in pregnancy or childbirth than women aged 20-24. Yet, one-third of 20-to-24-year-old women in the least developed countries give birth by age 18. Moreover, even when access to services is equitable, care may not be delivered in a way that is respectful or sensitive to the needs of both men and women. Recent figures show that approximately one in three women globally have experienced gender-based violence.

# **KEY FACTS**

- Girls ages 15-19 account for 11% of all births and about 14% of all maternal deaths, with 50,000 girls dying annually from maternal causes (WHO)
- Women experiencing genderbased violence:
  - Have higher rates of partners prohibiting their use of family planning; (WHO)
  - Are more likely to become pregnant in adolescence; (WHO)
  - Are more likely to delay prenatal care when pregnant; (IBID)
  - Have a 16% greater chance of having a low birth weight or small-for-gestational age baby (WHO)

When women are empowered to make decisions about their bodies and their families, studies show they are healthier, happier and more prosperous. MCSP works to mitigate the inequalities that act as barriers to optimal health outcomes for women and girls: lack of female empowerment, gender-based violence (GBV), and limited male engagement.

#### Specifically, we are:

- Improving the quality of care for RMNCH by ensuring respectful, gender-sensitive services across the continuum of care;
- Constructively engaging men in RMNCH preventative and care services at both the facility and community-levels;
- Mitigating RMNCH risks posed by gender-based violence through the provision of high quality post-GBV care; and
- Increasing women's agency in decision-making for uptake of RMNCAH preventative and care services.



**Photo:** A group from the Mada Saving Club for women in Nigeria (Karen Kasmauski/

### **ABOUT MCSP**

The Maternal and Child Survival Program (MCSP) is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives.

MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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